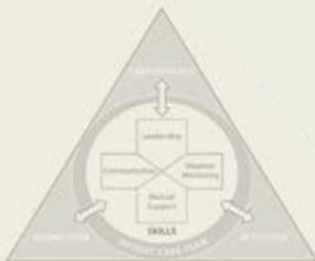




MUTUAL SUPPORT




SUBSECTIONS

- Task Assistance
- Feedback
- Advocacy and Assertion: Assertive Statement, Two-Challenge Rule, CUS
- Conflict Resolution: DESC Script

TIME: 50 minutes

INSTRUCTOR OUTLINE: MUTUAL SUPPORT

 **Instructor Note:** In this module, you will present information about mutual support within teams. Participants will learn how to cultivate and maintain mutual support, as well as how to address conflict when it arises.

The Mutual Support module includes the content provided in the outline below. More content is available than can be covered in the time provided; therefore, optional content and activities are noted. It is strongly recommended that instruction not focus solely on lecture, but also include exercises, videos, and other activities. As such, instructors should use the information below to plan how the module will be taught within the time available.

	Content	Page #	Approx. Time
1.	Introduction	5 - 7	4 mins
2.	Task Assistance	8 - 10	6 mins
3.	Feedback	11 - 14	8 mins
4.	Feedback Exercise	15	5 mins*
5.	Advocacy and Assertion Tools	16 - 23	15 mins
6.	Conflict in Teams	24 - 28	10 mins
7.	Tools and Strategies Summary	29	2 mins
8.	Applying TeamSTEPPS Exercise	30	5 mins

*Although all instructional content and activities are recommended to ensure that participants achieve the learning objectives, these activities may be considered “optional” if time is constrained.



MODULE TIME:

50 minutes



MATERIALS:

- Flipchart or Whiteboard (Optional)
- Markers (Optional)
- Feedback LTC Video (Feedback_LTC.mpg)
- CUS Subacute Video (CUS_Subacute.mpg)
- TeamSTEPPS Implementation Worksheet

Continued...

INSTRUCTOR OUTLINE: MUTUAL SUPPORT (Continued)

Additional Resources: Below are sources of additional information and videos you may wish to use to customize this module to your participants.

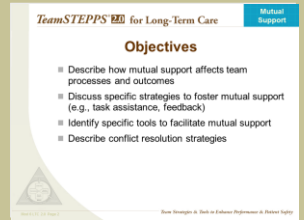
- ***TeamSTEPPS 2.0 for Long-Term Care Course Materials:*** The TeamSTEPPS 2.0 for Long-Term Care course materials include Specialty Scenarios and additional videos that can be used to customize your instruction.
 - <https://www.ahrq.gov/teamstepps/longtermcare/index.html>
- ***TeamSTEPPS 2.0:*** Includes videos specific to the use of the mutual support tools and strategies in multiple hospital settings.
 - <https://www.ahrq.gov/teamstepps/instructor/index.html>
- ***TeamSTEPPS for Office-Based Care Version:*** Includes videos specific to the use of the mutual support tools and strategies in the primary care setting.
 - <https://www.ahrq.gov/teamstepps/officebasedcare/index.html>
- ***TeamSTEPPS Rapid Response Systems Module (RRS):*** Includes videos specific to the use of the mutual support tools and strategies by Rapid Response Teams.
 - <https://www.ahrq.gov/teamstepps/rrs/index.html>
- ***Comprehensive Unit-Based Safety Program (CUSP) “Implement Teamwork and Communication” Module:*** Includes information on some of the mutual support tools and strategies taught in TeamSTEPPS.
 - <https://www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/index.html>

OBJECTIVES

SAY:

Following this module, you will be able to:

- Describe how mutual support affects team processes and outcomes;
- Discuss specific strategies to foster mutual support (e.g., task assistance, feedback);
- Identify specific tools to facilitate mutual support; and
- Describe conflict resolution strategies.



Slide

TeamSTEPPS 2.0 for Long-Term Care

Mutual Support

Mutual Support

- Dependent upon information gathered through situation monitoring
- Moderated by the communication of information
- Enhanced by leaders who encourage and role model mutual support behaviors

From: Stroup & Stark in Evidence-Based Practice & Patient Safety

Slide

SAY:

So far, we have covered the following in the TeamSTEPPS framework:

- **Team Structure**, which facilitates teamwork by identifying the individuals among which information must be communicated, a leader must be clearly designated, and mutual support must occur.
- **Communication**, which facilitates teamwork by enabling team members to effectively relay relevant information in a manner that is known and understood by all.
- **Leadership**, which facilitates teamwork through leaders' effective communication with their team members to ensure that a plan is conveyed, reviewed, and updated; continuous monitoring of the situation to better anticipate team members' needs and effectively manage resources; and fostering of an environment of mutual support through role modeling and reinforcement.
- **Situation Monitoring**, which facilitates teamwork by providing skills to ensure that new or changing information about the environment or the resident is identified for communication and decisionmaking by the leader; and leads to the effective support of fellow team members.

In this module, we will cover the final TeamSTEPPS skill, which is **Mutual Support**.

Mutual support is moderated by communication, which influences the delivery and ultimate effectiveness of the mutual support.

Because mutual support involves the willingness and preparedness to assist other team members during operations, it is enhanced by team leadership, given that team leaders encourage and role model these "back-up" behaviors.

Mutual support is derived from situation monitoring through the ability to anticipate resident needs, as well as other team members' needs, with accurate knowledge of their responsibilities.

MUTUAL SUPPORT

SAY:

Mutual support, which is commonly referred to as “back-up behavior” in the teamwork literature, is critical to team performance. Mutual support involves team members (1) assisting one another; (2) providing and receiving feedback; and (3) exerting assertive and advocacy behaviors when resident safety is threatened. Mutual support is the essence of teamwork. For example, in a health care environment, one team member's work overload may result in fatal consequences. Mutual support provides a safety net to help prevent errors, increase effectiveness, and minimize strain caused by work overload. Over time, continuous mutual support fosters team adaptability, mutual trust, and team orientation.

DISCUSSION:

- What types of behavior do you think constitute mutual support?

Potential Answers:

- Monitoring other team members’ performance to anticipate assistance requests
- Offering or requesting assistance
- Filling in for a member who cannot perform a task
- Cautioning team members about potentially unsafe situations
- Self-correcting and helping others correct their mistakes
- Distributing and assigning work thoughtfully
- Rerouting/delaying work so that the overburdened team member can recover
- Regularly providing feedback to each other
- Providing encouragement

SAY:

In this module, we’ll focus specifically on task assistance, feedback, and advocacy and assertion as three strategies that can be used to foster mutual support.

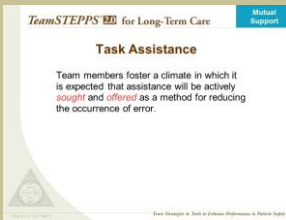


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MATERIALS:

- Flipchart or Whiteboard (Optional)
- Markers (Optional)

**Slide****SAY:**

One method of providing mutual support is through task assistance. This includes both asking for assistance when needed and offering assistance to team members when the opportunity arises. Task assistance is guided by situation monitoring, because situation monitoring allows team members to effectively identify when they, or other team members, need assistance.

To a certain degree, some of us have been conditioned to avoid asking for help because we fear that this would suggest a lack of knowledge or confidence. Many people refuse to seek assistance when overwhelmed or unsure of tasks. In support of resident safety, however, seeking task assistance is expected.

In addition, when it is recognized that a team member needs assistance, offering to help should be a cultural norm. Offering assistance should be verbally articulated so that each team member has a shared understanding of what will be done and by whom. Offering assistance may include helping team members to perform their tasks; correcting task performance when needed; shifting workload by redistributing tasks to other team members; delaying/rerouting work so the overburdened member can recover; and/or filling in for overburdened team members when necessary.

ASK:

- What can happen when we are overwhelmed and we do not seek task assistance?

SAY:

Error vulnerability is increased when people are under stress, are in high-task situations, and when they are fatigued. One of the most important concepts to remember with regard to task assistance is that assistance should be actively given and offered whenever there is a concern for resident safety.

Continued...

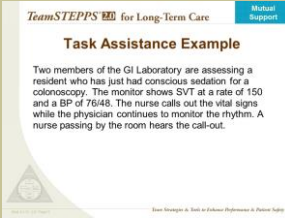
TASK ASSISTANCE (Continued)

SAY:

Several factors influence task assistance:

1. *Type of situation:* Some team members react differently to offers and requests for help during emergent versus routine situations. Effective teams place all offers and requests for assistance in the context of resident safety and progress toward team goals, regardless of the situation.
2. *Attitudes and beliefs:* Some attitudes restrict team members from offering or requesting assistance.
3. *Style of communication:* Personal style can have a significant influence on support actions taken by the team. A person's tone of voice or use of avoidance behaviors (e.g., being inaccessible or elusive) may inhibit others from asking for help. Effective teams demonstrate a willingness to engage in support behaviors wherever there is a need, and they communicate the information necessary to achieve that objective.

TASK ASSISTANCE EXAMPLE



Slide

SAY:

Task assistance completes an activity or solves a problem. In regard to task assistance, remember to:

- Communicate clear and specific availability of time and skills when offering assistance;
- Foster a climate supportive of task assistance—helping each other may have a domino effect;
- Use common courtesy when asking for help;
- Close the loop on task communication—ensure the task was completed correctly; and
- Account for experience level.

Let's review a brief example of task assistance:

Two members of the GI Laboratory are assessing a resident who has just had conscious sedation for a colonoscopy. The monitor shows SVT at a rate of 150 and a BP of 76/48. The nurse calls out the vital signs while the physician continues to monitor the rhythm. A nurse passing by the room hears the call-out.

ASK:

- How would you offer task assistance in this example?
- How would you request task assistance in this example?

WHAT IS FEEDBACK?

SAY:

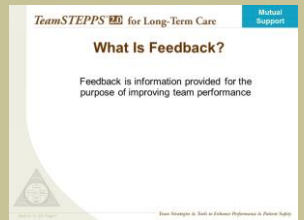
Another strategy to foster mutual support is feedback. Feedback is information provided for the purpose of improving team performance. The ability to communicate self-improvement information in a useful way is an important skill in the team improvement process.

Feedback can be given by any team member at any time. It is not limited to leadership roles or formal evaluation mechanisms. Effective feedback benefits the team in several ways, including:

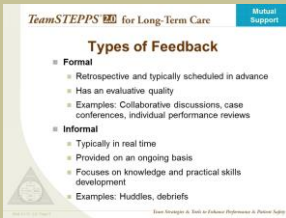
- Fostering improvement in work performance;
- Meeting the team's and individuals' need for growth;
- Promoting better working relationships; and
- Helping the team set goals for ongoing improvement.

ASK:

- Can you describe a situation in which you had to give feedback to another team member?
 - What was the situation?
 - What was the result?



Slide



Slide

SAY:

Feedback can be provided by anyone on the team at any time and can be either formal or informal.

- **Formal feedback** tends to be retrospective in nature, is typically scheduled in advance and away from the clinical area, and has an evaluative quality. Examples include collaborative discussions, case conferences, and individual performance reviews.
- **Informal feedback** typically occurs in real time and on an ongoing basis and focuses on knowledge and practical skills development. Examples include huddles and debriefs.

ASK:

- Can someone share an example of when he or she provided or received **formal** feedback?
 - How was the feedback helpful?
- Can someone share an example of when he or she provided or received **informal** feedback?
 - How was the feedback helpful?

SAY:

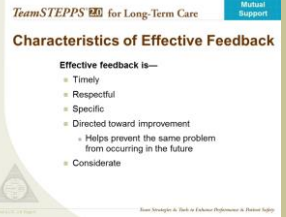
Feedback is a method of providing rich and useful information to enhance teamwork processes and increase resident safety. Ultimately, the aim is to provide feedback that it is effective.

SAY:

Feedback is the facet of team communication in which learning occurs. Rules of effective feedback include the following:

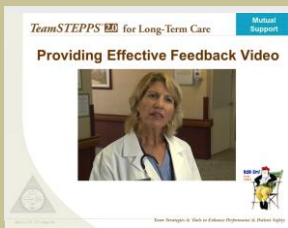
- **Timely**—If you wait too long, facts are forgotten and the feedback loses its “punch.” Feedback is most effective when the behavior being discussed is still fresh in the mind of the receiver. Delivering feedback several weeks after poor performance has occurred is too late for it to be effective.
- **Respectful**—Feedback should not be personal, and it should not be about personality. It should be about behavior. Never attribute a team member's poor performance to internal factors, because such destructive feedback lowers self-efficacy and subsequent performance. When providing negative feedback, it should never be delivered to individuals in front of other team members as this could lead to the individual feeling humiliated.
- **Specific**—The feedback should relate to a specific situation or task. Imagine that you are receiving feedback from a peer who tells you that your surgical techniques need work. That statement is too general to use as a basis for improvement. The person receiving feedback will be better able to correct or modify performance if specific actions are mentioned during feedback.
- **Directed**—Goals should be set for improvement.
- **Considerate**—Be considerate of team members' feelings when delivering feedback, and remember to praise good performance. A feedback message will seem less critical if you provide information on the positive aspects of a person's performance as well as how the person may improve. Generally, fairness and respect will cushion the effect of any negative feedback.

Positive feedback should also be provided to team members to reinforce positive behaviors. All of us benefit from knowing that we've done a good job and that it has been recognized by others. Providing feedback acknowledging a job well done will also communicate to an individual that he or she is valued and viewed as an important part of the team.



Slide

VIDEO: PROVIDING FEEDBACK EFFECTIVELY



Slide



VIDEO TIME:

0:11 seconds



MATERIALS:

- Feedback LTC Video (Feedback_LTC.mpg)

SAY:

Please think about the guidelines for giving effective feedback as you watch the video.

DO:



Play video by clicking the director icon on the slide.



DISCUSSION:

- What was effective in the feedback provided?
 - Appears to be timely
 - Respectful and related to behavior
 - Specific
 - Directed
 - Considerate
- Why would it be a good practice to share the experience with other team members?
 - Sharing the effective communication technique with others will promote continuous learning.


(OPTIONAL) FEEDBACK EXERCISE

SAY:

We are now going to take a few minutes to think about providing effective feedback. In this scenario, a staff development nurse watches a nursing assistant use a mechanical lift to transfer a resident from the bed to a chair.

ASK:

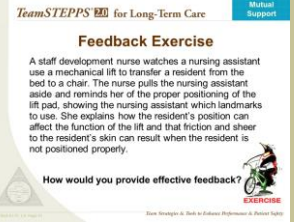
- How would you provide effective feedback? (i.e., timely, respectful and related to behavior, specific, directed, and considerate). Take a few minutes to plan how you would provide feedback in this example.

 **Instructor Note:** After about 5 minutes, ask individuals to share how they would provide feedback. Allow a few individuals to share with the group, then present the following example of action taken.

Example Action Taken:

The nurse pulls the nursing assistant aside to remind her of the proper positioning of the lift pad, demonstrating which landmarks to use. She explains how the resident's position can affect the function of the lift and can also cause friction and shear to the resident's skin when not positioned properly.

- Timely?
 - Yes. It is immediate and keeps the resident safety of primary concern.
- Respectful and related to behavior?
 - Yes. It is behavioral in nature and not criticism directed at the intelligence of the nursing assistant.
- Specific?
 - Yes. It suggests specific considerations to be aware of in the future.
- Directed?
 - Yes. It is directed in showing the nursing assistant how to properly position residents for transfer using a mechanical lift.
- Considerate?
 - Yes. It is considerate to reeducate on proper technique for the safety of both the resident and nursing assistant. Also, pulling the nursing assistant aside and not embarrassing her in front of the resident was appropriate.

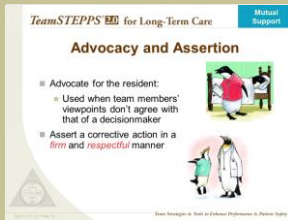


Slide



TIME:

5 minutes



Slide

SAY:

The third strategy used to facilitate mutual support is advocacy and assertion. Advocacy and assertion interventions are used when a team member's viewpoint does not agree with that of a decisionmaker. In advocating for the resident and asserting a corrective action, the team member has an opportunity to correct errors or the loss of situation awareness. Failure to use advocacy and assertion has been frequently identified as a primary contributor to the clinical errors found in malpractice cases and sentinel events.

You should advocate for the resident even when your viewpoint is unpopular, is in opposition to another person's view, or questions authority. When advocating, assert your viewpoint in a firm and respectful manner. You should also be persistent and persuasive, providing evidence or data for your concerns.

We will discuss three tools to empower team members to advocate for the resident and be assertive when needed.

1. The Assertive Statement;
2. The Two-Challenge Rule; and
3. CUS.

Each of these tools provides a mechanism whereby team members are able to bring up ideas and concerns using language that is mutually understood by all team members. We will now go through each of these tools in more detail.

THE ASSERTIVE STATEMENT

SAY:

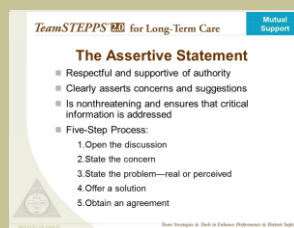
The Assertive Statement is one tool used to facilitate speaking up when there is concern for resident safety.

Team leadership must foster an atmosphere in which the participation of every team member can flourish. This is accomplished by maintaining an environment that is predictable, but at the same time retaining the ability to respond to changing clinical situations. Team members at all levels must always feel their input is valued. More important, their input should be expected, especially in situations that threaten resident safety.

Team members must respect and support the authority of the team leader while clearly asserting suggestions or communicating concerns. When the situation dictates that the team member must be assertive and address concerns regarding resident care, the Assertive Statement is the action. It is a nonthreatening, respectful way to make sure the concern or critical information is addressed. It can easily be taught to residents and their families as a structured way to communicate their concerns to the rest of the care team.

The Assertive Statement involves a five-step process:

1. Open the discussion.
2. State the concern.
3. State the problem—real or perceived.
4. Offer a solution.
5. Obtain an agreement.



Slide

Continued...

THE ASSERTIVE STATEMENT (Continued)

SAY:

Here's an example of the Assertive Statement.

Let's say a nurse and nursing assistant are conducting a skin assessment on a newly admitted resident. The nursing assistant thinks she sees a reddened area on the coccyx that the nurse may have missed.

ASK:

- What should the nursing assistant say in this situation?

Possible Answers:

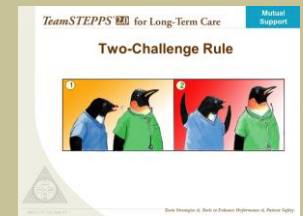
- Opening: Say the person's name to whom the concern is addressed: "Dianne..."
- State concern: An owned emotion: "I thought I saw redness on the coccyx as we were turning Mrs. Myers over."
- State the problem: Real or perceived: "I can't be certain, but it looks like she may have a reddened area."
- Offer a solution: "I can help you turn her back over to recheck the area."
- Obtain an agreement: "When she is turned, I can show you the area that I thought looked reddened."

THE TWO-CHALLENGE RULE

SAY:

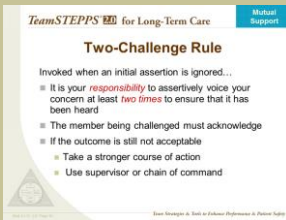
The Two-Challenge Rule is another tool used to facilitate team members' speaking up. In the clinical environment, team members should challenge colleagues if they have requested clarification, but the response or confirmation does not alleviate the concern regarding potential harm to a resident.

The Two-Challenge Rule is a way to help team members frame communications about thoughts, and reasoning about plans and decisions, related to resident care. The goal is to create a teamwork culture where team members respectfully challenge one another when the plan is unclear or of concern.



Slide

THE TWO-CHALLENGE RULE



Slide

SAY:

It is important to voice your concern by advocating and asserting your statement at least twice if the initial assertion is ignored (thus the name, “Two-Challenge Rule”). These two attempts may come from the same person or two different team members.

- The first challenge should be in the form of a question.
- The second challenge should provide some support for your concern.

Remember this is about advocating for the resident. The Two-Challenge Rule ensures that an expressed concern has been heard, understood, and acknowledged.

There may be times when an initial assertion is ignored. If after two attempts the concern is still disregarded, but the member believes resident or staff safety is or may be severely compromised, the Two-Challenge Rule mandates taking a stronger course of action or using a supervisor or chain of command. This overcomes our natural tendency to believe the team leader must always know what he or she is doing, even when the actions taken depart from established guidelines. When invoking this rule and moving up the chain, it is essential to communicate to the entire medical team that additional input has been solicited.

It is important to have an agreed upon approach of delivering the Two-Challenge Rule within your institution and to obtain buy-in from all involved (e.g., nurses, physicians, administration). As with any of the tools and strategies discussed throughout the TeamSTEPPS training, having a standardized method of delivery is critical for effectiveness. The chosen approach must be made known to all team members (i.e., everyone must be on the same page and speaking the same language).

THE TWO-CHALLENGE RULE

SAY:

If you personally are challenged by a team member, it is your responsibility to acknowledge the concerns instead of ignoring the person. Any team member should be empowered to “stop the line” if he or she senses or discovers an essential safety breach. This is an action that should never be taken lightly, but requires immediate cessation of the process to resolve the safety issue.

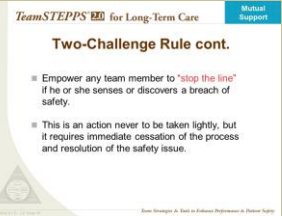
Let me provide an example of what a successful use of the Two-Challenge Rule might look like.

Example:

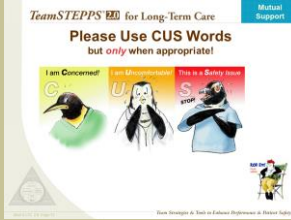
Mrs. Peters returned from the dentist after having a molar extracted. The nurse let Mrs. Peters' aide, Judy, know that she should receive soft foods for a few days so as not to disturb the clot. Judy takes Mrs. Peters to dinner and watches the dietary aide deliver a regular meal. Judy stops the dietary aide, Matt, and tells him that Mrs. Peters needs a soft meal. Matt replies that Judy is wrong, as Mrs. Peters' menu card says “regular diet.” Judy explains to Matt that, “No, Mrs. Peters just returned from the dentist, and the nurse said she needs soft foods.” Matt takes the tray back to talk to his supervisor.

ASK:

- Can anyone think of a situation in which you used or could have used the Two-Challenge Rule?



Slide



Slide



VIDEO TIME:

0:27 seconds



MATERIALS:

- CUS Subacute Video (CUS_Subacute.mpg)

SAY:

Using the CUS technique provides another tool for advocacy, assertion, and mutual support. Signal words, such as “danger,” “warning,” and “caution” are common in the medical arena. They catch the reader’s attention. In verbal communication, “CUS” and other signal phrases have a similar effect. If all team members have a shared mental model and are on the same page, when these words are spoken, all team members will clearly understand the issue and its magnitude.

To use CUS:

- First, state your **concern**.
- Then state why you are **uncomfortable**.
- If the conflict is not resolved, state that there is a **safety** issue. Discuss in what way the concern is related to safety. If the safety issue is not acknowledged, a supervisor should be notified.

A few other phrases in use are:

- I would like some clarity about...
- Would you like some assistance?

We are now going to watch a video clip of the CUS technique in action.

DO:



Play the video by clicking the director icon on the slide.



DISCUSSION:

- How was the “challenge” presented?
 - In the form of a statement, “I am **concerned**...”
 - The physical therapy assistant was **uncomfortable** with how hard the resident was breathing.
 - She became **concerned** and **uncomfortable** that the resident’s **safety** may be at risk.

SAY:

Let's analyze this scenario:

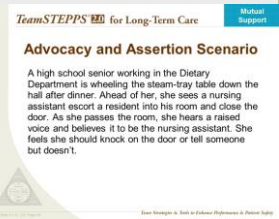
A high school senior working in the Dietary Department is wheeling the steam-tray table down the hall after dinner. Ahead of her, she sees a nursing assistant escort a resident into his room and close the door. As she passes the room, she hears a raised voice and believes it to be the nursing assistant. She feels she should knock on the door or tell someone but doesn't.

DISCUSSION:

- If you were in this situation, what would you do?
- How might you raise the issue with a staff member?
- What should the dietary worker do if she says something and her observations are not taken seriously?
- What TeamSTEPPS tools could you use to help?

SAY:

Advocating for the resident and asserting your viewpoint are both important aspects of engaging in mutual support. However, even when used correctly, the techniques and tools presented may still lead to conflict. Conflict resolution is a skill team members need to develop and cultivate in order to overcome challenges that will arise.



Slide

CONFLICT IN TEAMS



Slide

SAY:

Conflict can occur in teams and it is important to know how to handle such situations when they occur. The two types of conflict we will address are informational and interpersonal.

- **Informational conflict** involves differing views, ideas, and opinions related to information. This is task-related and could involve disagreement about the best method to proceed with the plan of care.
- **Interpersonal conflict** stems from interpersonal compatibility and is not usually task related. This type of conflict tends to revolve around the team members themselves, not the actions or information. Tension, annoyance, and animosity are common and interactions can become very argumentative.

Attempts should be made to resolve both types of conflict before they interfere with work and undermine quality and resident safety. Informational conflicts left unresolved may evolve into interpersonal conflicts in the long run and severely weaken teamwork.

Disruptive behavior among staff should be actively discouraged. Nursing homes should develop guidelines for acceptable behaviors to assist staff in better identifying, reporting, and managing behaviors that cause disruption to resident safety. Types of disruptive behavior include condescending language or voice intonation, impatience with questions, reluctance or refusal to answer questions or telephone calls, strong verbal abuse or threatening body language, and physical abuse.

Resources are available to help address disruptive behavior. For example, the Department of Defense's Professional Conduct toolkit provides information on this topic.

Please contact the Patient Safety team to receive the Professional Conduct Toolkit via email at patientsafety@dha.mil.

Continued...

CONFLICT IN TEAMS (Continued)



DISCUSSION:

- Can you provide an example of an informational conflict you've encountered?
 - How did you resolve it?
- Can you provide an example of an interpersonal conflict you've encountered?
 - How did you resolve it?

SAY:

Two tools can be used to address conflict in teams: the Two-Challenge Rule and DESC script.

- **Two-Challenge Rule:**
 - As we have already discussed, the Two-Challenge Rule can serve as a method to advocate and assert for resident safety; but it can also be used as a conflict resolution strategy. When team members have different information, the Two-Challenge Rule can be used to bring up the differing information so it can be addressed.
- **DESC script:**
 - The DESC script can be used for both informational and interpersonal conflict but is most effective when conflict is of a personal nature.

Next we will discuss DESC script in more detail.

**Slide****SAY:**

The DESC script can be used to communicate effectively during all types of conflict and is most effective in resolving interpersonal conflict. The DESC script can be used in situations involving greater conflict, such as when hostile or harassing behaviors are ongoing and safe resident care is suffering.

DESC is a mnemonic for:

D = Describe the specific situation.

E = Express your concerns about the action.

S = Suggest other alternatives.

C = Consequences should be stated.

Ultimately, consensus should be reached.

SAY:

There are some crucial things to consider when using the DESC script:

- Time the discussion.
- Work on win-win—Despite your interpersonal conflict with the other party, team unity and quality of care depend on coming to a solution that all parties can live with.
- Frame problems in terms of personal experience and lessons learned.
- Choose the location—A private location that is not in front of the resident or other team members will allow both parties to focus on resolving the conflict rather than on saving face.
- Use “I” statements rather than blaming statements.
- Critique is not criticism.
- Focus on what is right, not who is right.



Slide

A DESC SCENARIO



Slide

SAY:

Let's examine a scenario with conflict.

Two days ago, the charge nurse submitted a maintenance request to fix a window unit air conditioner. While in the resident's room, the nurse realizes it is warm and the air conditioner still isn't working properly. She checks the logbook and sees that the maintenance request has not been completed. She doesn't know that a new unit is being delivered today. Worried about the comfort of her resident, who has difficulty breathing in warm weather, she raises her voice at the director of maintenance in front of staff and residents, criticizing his work ethic.

ASK:

- How could the DESC script be used here?

Example Answer:

DESC:

- D "I (maintenance director) realize that you (nurse) are worried about the resident's ability to breathe comfortably in this warm weather and I am sensing that you don't think I have addressed your concern about her air conditioning problem."
- E "When you accuse me of not addressing the needs of residents, especially in a timely fashion, it embarrasses me and makes me very frustrated."
- S "If you have a question about my performance, I would appreciate your asking me about it before jumping to conclusions."
- C "Having a conversation with me would be better because I would feel less embarrassed and would be able to supply information. Can we agree to follow such a procedure if this happens again? In the meantime, I can add a "pending" column to the logbook to communicate such information."

TOOLS AND STRATEGIES SUMMARY

SAY:

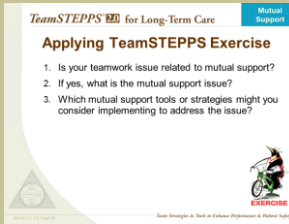
Effectively communicating, having active leadership, and continually monitoring the situation will all affect the ability of team members to support one another. Continuous mutual support behaviors among team members will ultimately foster a shared mental model, adaptability, team orientation, and mutual trust.

Tools and strategies to enhance mutual support include task assistance, feedback, the Assertive Statement, the Two-Challenge Rule, CUS, and DESC script. Use of these tools will lead to more adaptive and effective resident care.

TeamSTEPPS 2.0 for Long-Term Care		Mutual Support
Tools & Strategies Summary		
BARRIERS <ul style="list-style-type: none">• Inequity in Team Monitoring• Lack of Time• Lack of Information Sharing• Hierarchy• Overconfidence• Conventional Thinking• Complacency• Varying Communication Styles• Confusion• Lack of Coordination and Follow-up with Colleagues• Fatigue• Distraction• Workload• Misrepresentation of Care• Lack of Role Clarity	TOOLS and STRATEGIES <ul style="list-style-type: none">• Communication<ul style="list-style-type: none">- SBAR- Call-Out- Check-Back- Hand-off• Leading Teams<ul style="list-style-type: none">- Brief- Huddle- Check-off• Situation Monitoring<ul style="list-style-type: none">- STEEP- ILS-SALIC• Mutual Support<ul style="list-style-type: none">- Task Assistance- Feedback- Assertive Statement- Two-Challenge Rule- CUS- DESC Script	OUTCOMES <ul style="list-style-type: none">• Shared Mental Model• Adaptability• Team Orientation• Mutual Trust• Team Performance• Resident Safety!!

Slide

EXERCISE: APPLYING TEAMSTEPPS




Slide



MATERIALS:

- TeamSTEPPS Implementation Worksheet

 **Instructor Note:** This slide is intended for the Master Training course only. The previous slide should be the last one shown to staff participants at your nursing home.

SAY:

Return once again to your TeamSTEPPS Implementation Worksheet. Answer the questions related to Mutual Support as you consider your own teamwork issue.

Think about:

- Whether your teamwork issue is related to Mutual Support; and
- If so, how you might address the issue using the TeamSTEPPS tools or strategies taught in this module.

DO:

Ask a few individuals to report on their issue as it relates to Mutual Support and which TeamSTEPPS tools or strategies they might consider in their implementation planning to address it.